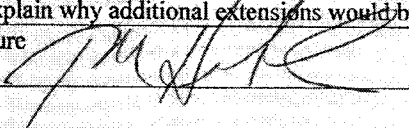


Certificate of Need Request for Extension

To request a six-month extension to incur a capital expenditure or above-ground construction, complete this form in its entirety. Also submit a completed Periodic Progress Report with this form if it is due at this time. Send this information by email to CONP@health.mo.gov (preferred), fax at 573-751-7894, or mail to CONP, P.O. Box 570, Jefferson City, MO 65102. Request for extensions must be received in adequate time to allow for processing prior to the meeting for which a decision is scheduled.

Date: 8-11-15	
Project #: 5071RS	Project Name: Harbor Place of Warrenton
Project Title/Description: New construction of a 36 bed Residential Care Facility	
1. Briefly explain why a capital expenditure will not be incurred by the current deadline. Still working with construction contractor and with sub contractors	
2. Briefly state the reason(s) for the extension request. Same as above	
3. What steps have been completed for the project to date and when were they completed?	
<u>Date Completed</u> 8-1-15	<u>Step Completed</u> Land was purchased
4. What steps are needed in order incur a capital expenditure (above ground construction or equipment lease/purchase) for the project, and when will they be completed?	
<u>Anticipated Completion Date</u> 10-1-15	<u>Step to be Completed</u> 10-1-15
5. What are the steps that will take place after the capital expenditure to complete the project and when do you anticipate that they will be completed?	
<u>Anticipated Completion Date</u>	<u>Step to be Completed</u> Construction will begin as soon as possible with in 30 days
6. Are planning and/or zoning matters complete, and is the site approved? If "no", explain.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has financing been secured for the project? <i>If financing has been acquired and documentation was not previously provided, attach a copy of the letter from the lender or 3rd party documentation.</i> Are financing contingencies complete? Is financing available for immediate disbursement for the project? If the answer is "no" to any of the above questions, explain. Give specifics of any and all existing financing problems and the reason(s) for their occurrence.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are there any new equity partners for the project as originally presented to the committee? If "yes", explain.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Explain any and all restructuring of the project as originally presented to the committee.	
10. Describe any anticipated situation(s) or problems not previously addressed that may prevent the project from incurring a capital expenditure by the end of the requested extension, should the extension be granted.	
11. If this extension is granted, do you anticipate that additional six-month extensions will be necessary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", how many would be needed? ____ Explain why additional extensions would be needed.	
Signature 	Printed Name Tom Hoferlin
Date 8-11-15	



Certificate of Need Program

PERIODIC PROGRESS REPORT

Type of Progress Report:

☒ Intermediate☐ Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project

Harbor Place - Warrenton

Report Period

September 2015

Project Number

5071RS

Date CON Issued

Approved Cost

\$1,300,000

Address

1054 South Highway 47, Warrenton, Missouri 63383

Project Description

new 36 bed residential care facility

- ☒ Yes 1. Have capital expenditures been incurred for the proposed construction and/or medical equipment?

☐ No

attached

Date construction started or equipment purchased.
Provide copy of AIA contract and/or purchase order.

- ☒ Yes *2. Are the expenditures for this reporting period/project-to-date included?

☐ No

10%

% of the total approved project amount that has been expended to date.

- ☒ Yes 3. Are the projected final costs within the limits approved?

☐ No

If "No" and costs are above 10% of approved amount, then submit a cost over-run application
\$ 1,300,000 Estimated final project cost

- ☐ Yes 4. Are there any changes in the services or programs as approved in the application?

☒ No

If "Yes" explain in detail and provide replacement pages for the approved application.

- ☐ Yes 5. Has the project contact person changed?

☒ No

If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).

*6. Construction or installation is 10 % complete.

*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.

Description of progress to date. Clearly explain expenditures, delays, changes in project progress, or lack of progress, of the approved project
(use additional pages as needed):



Certificate of Need Program

PERIODIC PROGRESS REPORT

Project Budget/Expenditures		Report Period: _____ to _____	
Description	Application	This Period	Project-to-date
1. General Construction Costs	0	0	0
2. Renovation Costs	0	0	0
3. Subtotal Construction Costs	\$0	\$0	\$0
4. Architectural/Engineering Fees	0	0	0
5. Other Equipment (not in construction contract)	0	0	0
6. Major Medical Equipment	0	0	0
7. Land Acquisition Costs	0	106,000	0
8. Consultants' Fees/Legal Fees	0	0	0
9. Interest During Construction	0	0	0
10. Other Costs	0	0	0
11. Subtotal Non-construction Costs	\$0	\$106,000	\$0
12. TOTAL Project Development Costs	\$0	\$106,000	\$0
Square footage: New Construction	0	0	0
Renovation	0	0	0
Total Project	0	0	0
Costs per square foot: New Construction	0	0	0
Renovation	0	0	0
Name of Contact Person Tom Hoferlin		Title Consultant	
Telephone Number 573-690-9500	Fax Number n/a	E-mail Address brettspapa@aol.com	